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ICANotes Behavioral Health EHR

Continue　　Photo　　Chart Details　**Madrid, Bernie**　**119**
　　　　　　　　　　　　　　　　　Patient's Name　55 Yrs　Patient's ID

Demographics

Go to E-Prescribe　　　　DOB 3/29/1968

Anaphylactic Reaction Reported ☐　　　　Patient Reviewed Demographics

Patient Information	Insurance Information	Other Contacts

*Name (F,M,L,Suffix) Bernie　｜ Madrid ｜　　　***Date of Birth** 3/29/1968　Age: 55　　***Date of Entry** 6/20/2023

☒ Homeless　**Address** 610 N Silver St　　　　　Unique Patient ID　119

☐ Bad Address　Addr 2 / Appt #　　　County　　🔍　　***Gender** man ▾ more　***Sex:** M　*Red fields are*

☐ Sample Chart　**City, State, Zip** Silver City, NM, 88061　▾　　Refer to patient as　Bernie

Best Phone　**Home Phone**　　　　Country　US　　　SSN #　525-21-4150　　Extra Privacy

○ Home
○ Work　**Cell Phone** (575)654-4009　　　Other Names　Alt. Patient ID　　Room:　MAR ☐　API /
○ Cell　**Work Phone**　　ext　　Previous Address

Patient Status　Email
● Active
○ Inactive　Email 2　　　**Patient's Condition**
○ Pending　Portal ☐　　Date Of Current Illness Onset 🗓　Date Of Similar Illness 🗓

API ☐　　Date of Current Admission: From ｜　To ｜
Appt Reminders via: ☐ Email ☐ Text Message ☐ Phone Message　　Admitting DX

Employment Status ▾
School or Employer　　　　　Dates Unable To Work: From 🗓　To 🗓
Grade ▾
Marital Status ▾　Birth Order　Condition Related To Employment? ○ Yes ● No
Sexual Orientation　　　　Condition Related To Auto Accident? ○ Yes ● No　State Of Accident
*Ethnicity **Hispanic or Latino**　Multiple Birth ☐　Condition Related To Other Accident? ○ Yes ● No
Ethnicity 2　　more
Religion ▾　　In treatment Previously? ○ Y ○ N　If yes, where?
Annual Household Income ▾　　Date Of Death 🗓　Preliminary Cause
Family Size
Veteran ○ Y ○ N　　Release ☐ of Info ▲▼　Adv. Dir. ☐
*Race **Declined to Specify** ▾
Race 2 ▾　Patient Calendar Note ▲▼　Miscellaneous Notes
*Preferred Language **Declined to Specify** ▾
Disability ▾　　　　Custom Fields
Native American ○ Y ○ N　Tribal Affiliation